



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

| | |
|---|------------------------------|
| 3. This Statement covers From: <u>7/23/07</u> <u>8/27/07</u> | |
| 4. Candidate Last Name Marchwinski Marrocco | First Name Marilyn |
| M.I. A | |
| 4a. Office Sought (Including District # or Community Served (If applicable)) City of Warren Council | |
| 4b. County of Residence Macomb | |
| 6. Treasurer's Name & Residential Address Marilyn Marchwinski Marrocco 3106 Mckinley Warren, MI 48091 | |
| Area Code & Phone (586) 758-5884 | |
| 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) | |
| Area Code and Phone _____ | |

1. Committee I.D. Number
137930

2. Committee Name
committee to elect Marilyn Marchwinski Marrocco

5. Committee's Mailing Address
3106 Mckinley
Warren, MI 48091

Area Code and Phone **(586) 758-5884**

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address
1 City Square
Warren, MI 48093

Area Code and Phone **(586) 574-4539**

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

08/07/07

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution _____

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper **Marilyn Marchwinski Marrocco** Marilyn Marchwinski Marrocco **09/18/07**
Type or Print Name Signature Date

Candidate **Marilyn Marchwinski Marrocco** Marilyn Marchwinski Marrocco **09/18/07**
Type or Print Name Signature Date

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137930
2. Committee Name CTE Marilyn Marchwinski Marrocco

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---|------------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/07</u> | |
| Name & Address: <u>CTE Marilyn Marchwinski Marrocco #136036</u> | | \$ <u>2558.90</u> | \$ <u>2558.90</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Memo Itemization Below | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/07</u> | |
| Name & Address: <u>Marilyn Marchwinski Marrocco</u> | | \$ <u>2000.00</u> | \$ <u>2000.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>City Treasurer</u> Employer <u>City of Warren</u> Business Address <u>1 City Square</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | |
| Name & Address: _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | |
| Name & Address: _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal **\$4,558.90**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$4,558.90

Enter this total on
line 3 of Summary
Page.

Page 1 of 1